

WAIVER REQUEST

I. TITLE (state applicable functional area and short description (6 key words or less) of waiver): *Payroll Policy – Transfer of Employee Records*

1. *What internal rule, regulation, policy, procedure, process, etc. are you requesting to be waived?*

Currently, internal DOT practice being followed by payroll and personnel offices when an employee transfers to another personnel office within DOT is that payroll documents are filled out by the employee regardless of whether or not anything is changing. For example, new allotment forms and tax forms are completed by the employee when, in fact, he or she is not changing anything other than going to another personnel and payroll office. I would like to see this practice changed so that only forms necessary to make a change need to be redone.

2. *What organizational benefit do you expect to accomplish through this waiver?*

Less forms for the transferring employee to complete translates to better customer service and less work for personnel offices and payroll offices.

3. *How long do you want this waiver to be in effect?*

Permanently.

4. *By submission of this form, consultation has been completed with (“x” where applicable):* X *Approving official,* *Labor union,* *Legal,*
 Other.

5. *Name of Initiator:* Terry Smith *OA:* TASC *Telephone No.:* x64140
has submitted this waiver request on 1/28/99.

II. This waiver request has been: (“X” where applicable and complete)

 x *Approved by* A. Thomas Park *on*
1/29/99.

 Recommended for disapproval by *on*
because:

Disapproved by

on

because

DOT 1001 (AUG98)